

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Petition to  
Revoke Probation Against:**

**Sami Chafic Srour, M.D.**

**Case No. 800-2017-031371**

**Physician's and Surgeon's  
Certificate No. G 24567**

**Respondent**

**DECISION**

**The attached Stipulated Surrender of License and Disciplinary Order  
is hereby adopted as the Decision and Order of the Medical Board of  
California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on March 12, 2018.**

**IT IS SO ORDERED March 5, 2018.**

**MEDICAL BOARD OF CALIFORNIA**

**By:**

  
**Kimberly Kirchmeyer  
Executive Director**

1 XAVIER BECERRA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 CHRIS LEONG  
Deputy Attorney General  
4 State Bar No. 141079  
California Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
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7 E-mail: chris.leong@doj.ca.gov  
*Attorneys for Complainant*

8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
10 **STATE OF CALIFORNIA**

11 In the Matter of the Petition to Revoke,  
Probation Against:

12 **SAMI CHAFIC SROUR, M.D.**  
13 **4121 Country Club Drive**  
14 **Bakersfield, CA 93306**

15 **Physician's and Surgeon's Certificate No. G**  
**24567,**

16 Respondent.

Case No. 800-2017-031371

OAH No. 2017070044

**STIPULATED SURRENDER OF**  
**LICENSE AND DISCIPLINARY ORDER**

17  
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
22 of California (Board). She brought this action solely in her official capacity and is represented in  
23 this matter by Xavier Becerra, Attorney General of the State of California, by Chris Leong,  
24 Deputy Attorney General.

25 2. SAMI CHAFIC SROUR, M.D. (Respondent) is represented in this proceeding by  
26 attorney Dennis R. Thelen, Esq., whose address is 5001 E. Commercenter Drive, Suite 300,  
27 Bakersfield, CA 93309.

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1           3.     On or about June 14, 1973, the Board issued Physician's and Surgeon's Certificate  
2     No. G 24567 to Respondent. The Physician's and Surgeon's Certificate was in full force and  
3     effect at all times relevant to the charges brought in Petition to Revoke Probation No. 800-2017-  
4     031371. However, it expired on July 31, 2017, and has not yet been renewed.

5                                   JURISDICTION

6           4.     Petition to Revoke Probation No. 800-2017-031371 was filed before the Board and is  
7     currently pending against Respondent. The Petition to Revoke Probation and all other statutorily  
8     required documents were properly served on Respondent on May 23, 2017. Respondent timely  
9     filed his Notice of Defense contesting the Petition to Revoke Probation. A copy of Petition to  
10    Revoke Probation No. 800-2017-031371 is attached as Exhibit A and is incorporated by  
11    reference.

12                               ADVISEMENT AND WAIVERS

13          5.     Respondent has carefully read, fully discussed with counsel, and understands the  
14    charges and allegations in Petition to Revoke Probation No. 800-2017-031371. Respondent also  
15    has carefully read, fully discussed with counsel, and understands the effects of this Stipulated  
16    Surrender of License and Order.

17          6.     Respondent is fully aware of his legal rights in this matter, including the right to a  
18    hearing on the charges and allegations in the Petition to Revoke Probation; the right to confront  
19    and cross-examine the witnesses against him; the right to present evidence and to testify on his  
20    own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the  
21    production of documents; the right to reconsideration and court review of an adverse decision;  
22    and all other rights accorded by the California Administrative Procedure Act and other applicable  
23    laws.

24          7.     Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
25    every right set forth above.

26    ///

27    ///

28    ///

1 CULPABILITY

2 8. Respondent understands that the charges and allegations in Petition to Revoke  
3 Probation No. 800-2017-031371, if proven at a hearing, constitute cause for imposing discipline  
4 upon his Physician's and Surgeon's Certificate.

5 9. For the purpose of resolving the Petition to Revoke Probation without the expense  
6 and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could  
7 establish a factual basis for the charges in the Petition to Revoke Probation and that those charges  
8 constitute cause for discipline. Respondent hereby gives up his right to contest that cause for  
9 discipline exists based on those charges.

10 10. Respondent understands that by signing this stipulation he enables the Board to issue  
11 an order accepting the surrender of his Physician's and Surgeon's Certificate without further  
12 process.

13 11. Respondent agrees that if he ever petitions for reinstatement, all of the charges and  
14 allegations contained in Accusation No. 800-2017-031371, shall be deemed true, correct and fully  
15 admitted by Respondent for purposes of that proceeding or any other licensing proceeding  
16 involving Respondent in the State of California.

17 CONTINGENCY

18 12. This stipulation shall be subject to approval by the Board. Respondent understands  
19 and agrees that counsel for Complainant and the staff of the Board may communicate directly  
20 with the Board regarding this stipulation and surrender, without notice to or participation by  
21 Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he  
22 may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board  
23 considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order,  
24 the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this  
25 paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not  
26 be disqualified from further action by having considered this matter.

27 ///

28 ///

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

## ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 24567, issued to Respondent SAMI CHAFIC SROUR, M.D., is surrendered and accepted by the Medical Board of California.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Medical Board of California.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

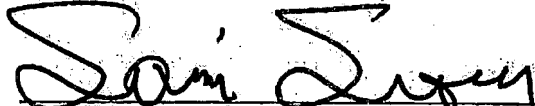
4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Petition to Revoke Probation No. 800-2017-031371 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Petition to Revoke Probation, No. 800-2017-031371 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

1 ACCEPTANCE

2 I have carefully read the above Stipulated Surrender of License and Order and have fully  
3 discussed it with my attorney, Dennis R. Thelen, Esq. I understand the stipulation and the effect  
4 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of  
5 License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
6 Decision and Order of the Medical Board of California.

7  
8 DATED: 2/9/18



SAMI CHAFIC SROUR, M.D.

*Respondent*

10 I have read and fully discussed with Respondent SAMI CHAFIC SROUR, M.D. the terms  
11 and conditions and other matters contained in this Stipulated Surrender of License and Order. I  
12 approve its form and content.

13 DATED: 2/9/18



DENNIS R. THELEN, ESQ.

*Attorney for Respondent*

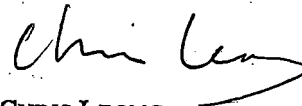
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16 ENDORSEMENT

17 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted  
18 for consideration by the Medical Board of California of the Department of Consumer Affairs.

19 Dated: 2/12/18

Respectfully submitted,

20 XAVIER BECERRA  
21 Attorney General of California  
22 ROBERT MCKIM BELL  
23 Supervising Deputy Attorney General



24 CHRIS LEONG  
25 Deputy Attorney General  
26 *Attorneys for Complainant*

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**Exhibit A**

**Petition to Revoke Probation No. 800-2017-031371**

XAVIER BECERRA  
Attorney General of California  
ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
CHRIS LEONG  
Deputy Attorney General  
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*Attorneys for Complainant*

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke Probation  
Against,

Case No. 800-2017-031371

SAMI CHAFIC SROUR, M.D.  
4121 Country Club Drive  
Bakersfield, CA 93306

PETITION TO REVOKE PROBATION

Physician's and Surgeon's Certificate  
No. G 24567,

Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Petition to Revoke Probation solely in her official capacity as the Executive Director of the Medical Board of California (Board).
2. On or about June 14, 1973, the Board issued Physician's and Surgeon's Certificate Number G 24567 to Sami Chafic Srou, M.D. (Respondent). The Physician's and Surgeon's Certificate was in effect at all times relevant to the charges brought herein and will expire on July 31, 2017, unless renewed.

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1  
2 3. In a disciplinary action entitled "In the Matter of Accusation Against Sami Chafic  
3 Srour, M.D.," Case No. 08-2013-231201, the Medical Board of California, issued a decision on  
4 December 2, 2016, which became effective December 30, 2016, in which Respondent's  
5 Physician's and Surgeon's Certificate was revoked. However, the revocation was stayed and  
6 Respondent's Physician's and Surgeon's Certificate was placed on probation for a period of four  
7 (4) years with certain terms and conditions. A copy of that decision is attached as Exhibit A and  
8 is incorporated by reference. On or about April 5, 2017, a Cease Practice Order was issued to  
9 Respondent based on violations of probationary conditions numbers 3 and 4.

10 JURISDICTION

11 4. This Petition to Revoke Probation is brought before the Board under the authority  
12 of the following laws. All section references are to the Business and Professions Code unless  
13 otherwise indicated.

14 5. Section 2227 of the Code provides that a licensee who is found guilty under the  
15 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
16 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
17 action taken in relation to discipline as the Board deems proper.

18 FIRST CAUSE TO REVOKE PROBATION

19 (Medical Record Keeping Course)

20 6. At all times after the effective date of Respondent's probation, Condition 2 stated:  
21 "Within 60 calendar days of the effective date of this Decision, Respondent shall  
22 enroll in a course in medical record keeping equivalent to the Medical Record Keeping  
23 Course offered by the Physician Assessment and Clinical Education Program, University  
24 of California, San Diego School of Medicine (Program), approved in advance by the  
25 Board or its designee. Respondent shall provide the program with any information and  
26 documents that the Program may deem pertinent. Respondent shall participate in and  
27 successfully complete the classroom component of the course not later than six (6) months  
28 after Respondent's initial enrollment. Respondent shall successfully complete any other

1 component of the course within one (1) year of enrollment. The medical record keeping  
2 course shall be at Respondent's expense and shall be in addition to the Continuing  
3 Medical Education (CME) requirements for renewal of licensure. A medical record  
4 keeping course taken after the acts that gave rise to the charges in the Accusation, but  
5 prior to the effective date of the Decision may, in the sole discretion of the Board or its  
6 designee, be accepted towards the fulfillment of this condition if the course would have  
7 been approved by the Board or its designee had the course been taken after the effective  
8 date of this Decision. Respondent shall submit a certification of successful completion to  
9 the Board or its designee not later than 15 calendar days after successfully completing the  
10 course, or not later than 15 calendar days after the effective date of the Decision,  
11 whichever is later."

12 7. Respondent's probation is subject to revocation because he failed to comply with  
13 Probation Condition 2, referenced above. The facts and circumstances regarding this violation  
14 are as follows: By on or about March 3, 2017, enrollment was to have taken place. As of April 5,  
15 2017, Respondent has not enrolled in this course.

#### 16 SECOND CAUSE TO REVOKE PROBATION

##### 17 (Clinical Training Program)

18 8. At all times after the effective date of Respondent's probation, Condition 3 stated:  
19 "Within 60 calendar days of the effective date of this Decision, Respondent shall  
20 enroll in a clinical training or educational program equivalent to the Physician Assessment  
21 and Clinical Education Program (PACE)-offered at the University of California - San  
22 Diego School of Medicine (Program). Respondent shall successfully complete the  
23 Program not later than six (6) months after Respondent's initial enrollment unless the  
24 Board or its designee agrees in writing to an extension of that time.

25 "The Program shall consist of a Comprehensive Assessment program comprised of  
26 a two-day assessment of Respondent's physical and mental health; basic clinical and  
27 communication skills common to all clinicians; and medical knowledge, skill and  
28 judgment pertaining to Respondent's area of practice in which Respondent was alleged to

1 be deficient, and at minimum, a 40 hour program of clinical education in the area of  
2 practice in which Respondent was alleged to be deficient and which takes into account  
3 data obtained from the assessment, Decision(s), Accusation(s), and any other information  
4 that the Board or its designee deems relevant. Respondent shall pay all expenses  
5 associated with the clinical training program.

6 "Based on Respondent's performance and test results in the assessment and  
7 clinical education, the Program will advise the Board or its designee of its  
8 recommendation(s) for the scope and length of any additional educational or clinical  
9 training, treatment for any medical condition, treatment for any psychological condition,  
10 or anything else affecting Respondent's practice of medicine. Respondent shall comply  
11 with Program recommendations.

12 "At the completion of any additional educational or clinical training, Respondent  
13 shall submit to and pass an examination. Determination as to whether Respondent  
14 successfully completed the examination or successfully completed the program is solely  
15 within the program's jurisdiction.

16 "If Respondent fails to enroll, participate in, or successfully complete the clinical  
17 training program within the designated time period, Respondent shall receive a  
18 notification from the Board or its designee to cease the practice of medicine within three  
19 (3) calendar days after being so notified. The Respondent shall not resume the practice of  
20 medicine until enrollment or participation in the outstanding portions of the clinical  
21 training program have been completed. If the Respondent did not successfully complete  
22 the clinical training program, the Respondent shall not resume the practice of medicine  
23 until a final decision has been rendered on the accusation and/or a petition to revoke  
24 probation. The cessation of practice shall not apply to the reduction of the probationary  
25 time period."

26 9. Respondent's probation is subject to revocation because he failed to comply with  
27 Probation Condition 3, referenced above. The facts and circumstances regarding this violation  
28 are as follows: By on or about March 2, 2017, Respondent was to enroll in a clinical training or

1 educational program equivalent to the Physician Assessment and Clinical Education Program  
2 (PACE) offered at the University of California - San Diego School of Medicine (Program). As of  
3 April 5, 2017, Respondent has not enrolled in the Program.

### 4 THIRD CAUSE TO REVOKE PROBATION

#### 5 (Monitoring Practice)

6 10. At all times after the effective date of Respondent's probation, Condition 4 stated:

7 "Within 30 calendar days of the effective date of this Decision, Respondent shall  
8 submit to the Board or its designee for prior approval as a practice, monitor, the name and  
9 qualifications of one or more licensed physicians and surgeons whose licenses are valid  
10 and in good standing, and who are preferably American Board of Medical Specialties  
11 (ABMS) certified. A monitor shall have no prior or current business or personal  
12 relationship with Respondent, or other relationship that could reasonably be expected to  
13 compromise the ability of the monitor to render fair and unbiased reports to the Board,  
14 including but not limited to any form of bartering, shall be in Respondent's field of  
15 practice, and must agree to serve as Respondent's monitor. Respondent shall pay all  
16 monitoring costs.

17 "The Board or its designee shall provide the approved monitor with copies of the  
18 Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days  
19 of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor  
20 shall submit a signed statement that the monitor has read the Decision(s) and  
21 Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the  
22 proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the  
23 monitor shall submit a revised monitoring plan with the signed statement for approval by  
24 the Board or its designee.

25 "Within 60 calendar days of the effective date of this Decision, and continuing  
26 throughout probation, Respondent's practice shall be monitored by the approved monitor.  
27 Respondent shall make all records available for immediate inspection and copying on the  
28 premises by the monitor at all times during business hours and shall retain the records for

1 the entire term of probation.

2 "If Respondent fails to obtain approval of a monitor within 60 calendar days of the  
3 effective date of this Decision, Respondent shall receive a notification from the Board or  
4 its designee to cease the practice of medicine within three (3) calendar days after being so  
5 notified. Respondent shall cease the practice of medicine until a monitor is approved to  
6 provide monitoring responsibility.

7 "The monitor(s) shall submit a quarterly written report to the Board or its designee  
8 which includes an evaluation of Respondent's performance, indicating whether  
9 Respondent's practices are within the standards of practice of medicine and whether  
10 Respondent is practicing medicine safely, billing appropriately or both. It shall be the sole  
11 responsibility of Respondent to ensure that the monitor submits the quarterly written  
12 reports to the Board or its designee within 10 calendar days after the end of the preceding  
13 quarter.

14 "If the monitor resigns or is no longer available, Respondent shall, within 5  
15 calendar days of such resignation or unavailability, submit to the Board or its designee, for  
16 prior approval, the name and qualifications of a replacement monitor who will be  
17 assuming that responsibility within 15 calendar days. If Respondent fails to obtain  
18 approval of a replacement monitor within 60 calendar days of the resignation or  
19 unavailability of the monitor, Respondent shall receive a notification from the Board or its  
20 designee to cease the practice of medicine within three (3) calendar days after being so  
21 notified Respondent shall cease the practice of medicine until a replacement monitor is  
22 approved and assumes monitoring responsibility.

23 "In lieu of a monitor, Respondent may participate in a professional enhancement  
24 program equivalent to the one offered by the Physician Assessment and Clinical  
25 Education Program at the University of California, San Diego School of Medicine, that  
26 includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-  
27 annual review of professional growth and education. Respondent shall participate in the  
28 professional enhancement program at Respondent's expense during the term of

1           probation.”

2           11.     Respondent’s probation is subject to revocation because he failed to comply with  
3 Probation Condition 4, referenced above. The facts and circumstances regarding this violation  
4 are as follows: By on or about January 30 , 2017, Respondent was to submit to the Board or its  
5 designee for prior approval as a practice monitor, the name and qualifications of one or more  
6 licensed physicians and surgeons whose licenses are valid and in good standing, and who are  
7 preferably American Board of Medical Specialties (ABMS) certified. As of April 5, 2017,  
8 Respondent has failed to nominate a practice monitor.

9                               FOURTH CAUSE TO REVOKE PROBATION

10                              (Notification)

11           12.     At all times after the effective date of Respondent’s probation, Condition 5 stated:

12                        “Within seven (7) days of the effective date of this Decision, the Respondent shall  
13 provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief  
14 Executive Officer at every hospital where privileges or membership are extended to  
15 Respondent, at any other facility where Respondent engages in the practice of medicine,  
16 including all physician and locum tenens registries or other similar agencies, and to the  
17 Chief Executive Officer at every insurance carrier which extends malpractice insurance  
18 coverage to Respondent. Respondent shall submit proof of compliance to the Board or its  
19 designee within 15 calendar days.

20                        “This condition shall apply to any change(s) in hospitals, other facilities or  
21 insurance carrier.”

22           13.     Respondent’s probation is subject to revocation because he failed to comply with  
23 Probation Condition 5, referenced above. The facts and circumstances regarding this violation  
24 are as follows: By on or about January 6, 2017, Respondent was to provide a true copy of the  
25 December 2, 2016, Decision and the underlying Accusation to the Chief of Staff or the Chief  
26 Executive Officer at every hospital where privileges or membership were extended to  
27 Respondent, at any other facility where Respondent engaged in the practice of medicine,  
28 including all physician and locum tenens registries or other similar agencies, and to the Chief

1 Executive Officer at every insurance carrier which extended malpractice insurance coverage to  
2 Respondent. Respondent was to submit proof of compliance to the Board or its designee within  
3 15 calendar days, or January 21, 2017. As of April 5, 2017, Respondent has failed to provide  
4 proof of compliance with this condition.

5 FIFTH CAUSE TO REVOKE PROBATION

6 (Quarterly Declarations)

7 14. At all times after the effective date of Respondent's probation, Condition 8 stated:  
8 "Respondent shall submit quarterly declarations under penalty of perjury on forms  
9 provided by the Board, stating whether there has been compliance with all the conditions  
10 of probation.

11 "Respondent shall submit quarterly declarations not later than 10 calendar days after  
12 the end of the preceding quarter."

13 15. Respondent's probation is subject to revocation because he failed to comply with  
14 Probation Condition 8, referenced above. The facts and circumstances regarding this violation  
15 are as follows: By on or about January 10, 2017, Respondent failed to submit his Quarterly  
16 Declaration covering the last quarter of 2016.

17 SIXTH CAUSE TO REVOKE PROBATION

18 (General Probation Requirements)

19 16. At all times after the effective date of Respondent's probation, Condition 9 stated:  
20 "Respondent shall comply with the Board's probation unit and all terms and  
21 conditions of this Decision."

22 17. Respondent's probation is subject to revocation because he failed to comply with  
23 Probation Condition 9, referenced above. The facts and circumstances regarding this violation  
24 are as follows: The First through Fifth Causes to Revoke Probation are incorporated herein as if  
25 fully set forth. Respondent failed to comply with the above referenced terms of probation.

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1           3. Revoking, suspending or denying approval of Sami Chafic Srour, M.D.'s authority to  
2 supervise physician assistants, pursuant to section 3527 of the Code, and advanced nurse  
3 practitioners;

4           4. Ordering Sami Chafic Srour, M.D. to pay the Medical Board of California, if placed  
5 on probation, the costs of probation monitoring; and

6           5. Taking such other and further action as deemed necessary and proper.

7  
8 DATED: May 23, 2017

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant

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Exhibit A

*Prior Decision*

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation  
Against:**

**Sami Srour, M.D.**

**Case No. 08-2013-231201**

**Physician's and Surgeon's  
Certificate No. G24567**

**Respondent**

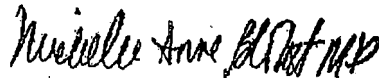
**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on December 30, 2016.**

**IT IS SO ORDERED: December 2, 2016.**

**MEDICAL BOARD OF CALIFORNIA**



**Michelle Anne Bholat, M.D., Chair  
Panel B**

1 KAMALA D. HARRIS  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 CHRIS LEONG  
Deputy Attorney General  
4 State Bar No. 141079  
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7 *Attorneys for Complainant*

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 08-2013-231201

12 **SAMI SROUR, M.D.**  
13 **4124 Country Club Drive**  
**Bakersfield, CA 92306**

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

14 **Physician's and Surgeon's Certificate**  
15 **No. G 24567**

16 Respondent.

17  
18 In the interest of a prompt and speedy settlement of this matter, consistent with the public  
19 interest and the responsibility of the Medical Board of California (Board), the parties hereby  
20 agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to  
21 the Board for approval and adoption as the final disposition of the Accusation.

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Board. She  
24 brought this action solely in her official capacity and is represented in this matter by Kamala D.  
25 Harris, Attorney General of the State of California, by Chris Leong, Deputy Attorney General.

26 2. Respondent SAMI SROUR, M.D. (Respondent) is represented in this proceeding by  
27 attorney Dennis R. Thelen, Esq., whose address is: P.O. Box 12092, Bakersfield, CA 93389-  
28 2092.

3. On or about June 14, 1973, the Board issued Physician's and Surgeon's Certificate No. G 24567 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 08-2013-231201, and will expire on July 31, 2017, unless renewed.

## JURISDICTION

4. Accusation No. 08-2013-231201 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on October 1, 2015. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 08-2013-231201 is attached as Exhibit A and is incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 08-2013-231201. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 08-2013-231201, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

12. Respondent agrees that if he ever petitions for early termination of probation or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 08-2013-231201, shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

## CONTINGENCY

13. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 24567 issued to Respondent SAMI SROUR, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions.

1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course

1 been taken after the effective date of this Decision. Respondent shall submit a certification of  
2 successful completion to the Board or its designee not later than 15 calendar days after  
3 successfully completing the course, or not later than 15 calendar days after the effective date of  
4 the Decision, whichever is later.

5 3. CLINICAL TRAINING PROGRAM. Within 60 calendar days of the effective date  
6 of this Decision, Respondent shall enroll in a clinical training or educational program equivalent  
7 to the Physician Assessment and Clinical Education Program (PACE) offered at the University of  
8 California - San Diego School of Medicine (Program). Respondent shall successfully complete  
9 the Program not later than six (6) months after Respondent's initial enrollment unless the Board  
10 or its designee agrees in writing to an extension of that time.

11 The Program shall consist of a Comprehensive Assessment program comprised of a two-  
12 day assessment of Respondent's physical and mental health; basic clinical and communication  
13 skills common to all clinicians; and medical knowledge, skill and judgment pertaining to  
14 Respondent's area of practice in which Respondent was alleged to be deficient, and at minimum,  
15 a 40 hour program of clinical education in the area of practice in which Respondent was alleged  
16 to be deficient and which takes into account data obtained from the assessment, Decision(s),  
17 Accusation(s), and any other information that the Board or its designee deems relevant.  
18 Respondent shall pay all expenses associated with the clinical training program.

19 Based on Respondent's performance and test results in the assessment and clinical  
20 education, the Program will advise the Board or its designee of its recommendation(s) for the  
21 scope and length of any additional educational or clinical training, treatment for any medical  
22 condition, treatment for any psychological condition, or anything else affecting Respondent's  
23 practice of medicine. Respondent shall comply with Program recommendations.

24 At the completion of any additional educational or clinical training, Respondent shall  
25 submit to and pass an examination. Determination as to whether Respondent successfully  
26 completed the examination or successfully completed the program is solely within the program's  
27 jurisdiction.

28 If Respondent fails to enroll, participate in, or successfully complete the clinical training



1 program within the designated time period, Respondent shall receive a notification from the  
2 Board or its designee to cease the practice of medicine within three (3) calendar days after being  
3 so notified. The Respondent shall not resume the practice of medicine until enrollment or  
4 participation in the outstanding portions of the clinical training program have been completed. If  
5 the Respondent did not successfully complete the clinical training program, the Respondent shall  
6 not resume the practice of medicine until a final decision has been rendered on the accusation  
7 and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of  
8 the probationary time period.]

9 4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
10 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice,  
11 monitor, the name and qualifications of one or more licensed physicians and surgeons whose  
12 licenses are valid and in good standing, and who are preferably American Board of Medical  
13 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
14 relationship with Respondent, or other relationship that could reasonably be expected to  
15 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
16 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
17 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

18 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
19 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
20 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
21 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
22 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
23 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
24 signed statement for approval by the Board or its designee.

25 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
26 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
27 make all records available for immediate inspection and copying on the premises by the monitor  
28 at all times during business hours and shall retain the records for the entire term of probation.

1 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
2 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
3 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
4 shall cease the practice of medicine until a monitor is approved to provide monitoring  
5 responsibility.

6 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
7 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
8 are within the standards of practice of medicine and whether Respondent is practicing medicine  
9 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure  
10 that the monitor submits the quarterly written reports to the Board or its designee within 10  
11 calendar days after the end of the preceding quarter.

12 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
13 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
14 name and qualifications of a replacement monitor who will be assuming that responsibility within  
15 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
16 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
17 notification from the Board or its designee to cease the practice of medicine within three (3)  
18 calendar days after being so notified Respondent shall cease the practice of medicine until a  
19 replacement monitor is approved and assumes monitoring responsibility.

20 In lieu of a monitor, Respondent may participate in a professional enhancement program  
21 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the  
22 University of California, San Diego School of Medicine, that includes, at minimum, quarterly  
23 chart review, semi-annual practice assessment, and semi-annual review of professional growth  
24 and education. Respondent shall participate in the professional enhancement program at  
25 Respondent's expense during the term of probation.

26 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
27 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
28 Chief Executive Officer at every hospital where privileges or membership are extended to

1 Respondent, at any other facility where Respondent engages in the practice of medicine,  
2 including all physician and locum tenens registries or other similar agencies, and to the Chief  
3 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
4 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
5 calendar days.

6 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

7 6. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is  
8 prohibited from supervising physician assistants.

9 7. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
10 governing the practice of medicine in California and remain in full compliance with any court  
11 ordered criminal probation, payments, and other orders.

12 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
13 under penalty of perjury on forms provided by the Board, stating whether there has been  
14 compliance with all the conditions of probation.

15 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
16 of the preceding quarter.

17 9. GENERAL PROBATION REQUIREMENTS.

18 Compliance with Probation Unit

19 Respondent shall comply with the Board's probation unit and all terms and conditions of  
20 this Decision.

21 Address Changes

22 Respondent shall, at all times, keep the Board informed of Respondent's business and  
23 residence addresses, email address (if available), and telephone number. Changes of such  
24 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
25 circumstances shall a post office box serve as an address of record, except as allowed by Business  
26 and Professions Code section 2021(b).

27 Place of Practice

28 Respondent shall not engage in the practice of medicine in Respondent's or patient's place

1 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
2 facility.

3 License Renewal

4 Respondent shall maintain a current and renewed California physician's and surgeon's  
5 license.

6 Travel or Residence Outside California

7 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
8 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
9 (30) calendar days.

10 In the event Respondent should leave the State of California to reside or to practice  
11 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
12 departure and return.

13 10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
14 available in person upon request for interviews either at Respondent's place of business or at the  
15 probation unit office, with or without prior notice throughout the term of probation.

16 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
17 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
18 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
19 defined as any period of time Respondent is not practicing medicine in California as defined in  
20 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month  
21 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All  
22 time spent in an intensive training program which has been approved by the Board or its designee  
23 shall not be considered non-practice. Practicing medicine in another state of the United States or  
24 Federal jurisdiction while on probation with the medical licensing authority of that state or  
25 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall  
26 not be considered as a period of non-practice.

27 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
28 months, Respondent shall successfully complete a clinical training program that meets the criteria

1 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and  
2 Disciplinary Guidelines" prior to resuming the practice of medicine.

3 Respondent's period of non-practice while on probation shall not exceed two (2) years.

4 Periods of non-practice will not apply to the reduction of the probationary term.

5 Periods of non-practice will relieve Respondent of the responsibility to comply with the  
6 probationary terms and conditions with the exception of this condition and the following terms  
7 and conditions of probation: Obey All Laws; and General Probation Requirements.

8 12. COMPLETION OF PROBATION. Respondent shall comply with all financial  
9 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
10 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
11 be fully restored.

12 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
13 of probation is a violation of probation. If Respondent violates probation in any respect, the  
14 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
15 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
16 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
17 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
18 the matter is final.

19 14. LICENSE SURRENDER. Following the effective date of this Decision, if  
20 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
21 the terms and conditions of probation, Respondent may request to surrender his or her license.  
22 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
23 determining whether or not to grant the request, or to take any other action deemed appropriate  
24 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
25 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
26 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
27 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
28 application shall be treated as a petition for reinstatement of a revoked certificate.



**Exhibit A**

**Accusation No. 08-2013-231201**

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO October 1 20 15  
BY R. FIRDAYS ANALYST

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BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 08-2013-231201

**SAMI CHAFIC SROUR, M.D.**  
4121 Country Club Drive  
Bakersfield, California 93306

ACCUSATION

Physician's and Surgeon's Certificate No.  
G 24567,

Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California (Board).

2. On or about June 14, 1973, the Board issued Physician's and Surgeon's Certificate Number G 24567 to Sami Chafic Srou, M.D. (Respondent). The Physician's and Surgeon's certificate was in full force and effect at all times relevant to the charges herein and will expire on July 31, 2015, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.



1                   4.       Section 2227 of the Code provides that a licensee who is found guilty  
2 under the Medical Practice Act may have his or her license revoked, suspended for a period not to  
3 exceed one year, placed on probation and required to pay the costs of probation monitoring, or  
4 such other action taken in relation to discipline as the Board deems proper.

5                   5.       Section 2234 of the Code, states:

6               "The board shall take action against any licensee who is charged with unprofessional  
7 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not  
8 limited to, the following:

9               "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
10 violation of, or conspiring to violate any provision of this chapter.

11              "(b) Gross negligence.

12              "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
13 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
14 the applicable standard of care shall constitute repeated negligent acts.

15              "(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
16 for that negligent diagnosis of the patient shall constitute a single negligent act.

17              "(2) When the standard of care requires a change in the diagnosis, act, or omission that  
18 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
19 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
20 applicable standard of care, each departure constitutes a separate and distinct breach of the  
21 standard of care.

22              "(d) Incompetence.

23              "(e) The commission of any act involving dishonesty or corruption which is substantially  
24 related to the qualifications, functions, or duties of a physician and surgeon.

25              "(f) Any action or conduct which would have warranted the denial of a certificate.

26              "(g) The practice of medicine from this state into another state or country without meeting  
27 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
28 apply to this subdivision. This subdivision shall become operative upon the implementation of

1 the proposed registration program described in Section 2052.5.

2 "(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
3 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
4 who is the subject of an investigation by the board."

5 6. Unprofessional conduct under 2234 of the Code is conduct which breaches  
6 the rules or ethical code of the medical profession, or conduct which is unbecoming to a member  
7 in good standing of the medical profession, and which demonstrates an unfitness to practice  
8 medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

9 7. Section 2266 of the Code states: "The failure of a physician and surgeon  
10 to maintain adequate and accurate records relating to the provision of services to their patients  
11 constitutes unprofessional conduct."

### 12 FIRST CAUSE FOR DISCIPLINE

13 (Gross Negligence)

14 8. Respondent is subject to disciplinary action under Code section 2234,  
15 subdivision (b), in that he was grossly negligent in the care and treatment of two patients. The  
16 circumstances are as follows:

#### 17 Patient V.E.<sup>1</sup>

18 9. Patient V.E. is an approximately 71-year-old woman with a history of  
19 diabetes, hypertension, and chronic back pain, who had a prior history of left knee surgery, as  
20 well as a rotator cuff repair. She had developed some right knee pain in January of 2011 and  
21 was seen by Respondent in July of 2011 because of persistent right knee pain. Respondent saw  
22 her and noted that she had some degenerative changes in both knees and that she had knee pain  
23 on the right side that had been present without an injury. He noted that her clinical exam actually  
24 showed the same tenderness in both the knee where she had the symptoms and the one where she  
25 did not. A magnetic resonance imaging (MRI) scan suggested some possible tears in the  
26 posterior horns of both menisci. His initial choice was to do an arthroscopic procedure.

27  
28 <sup>1</sup> The names of the patients are reduced to initials for privacy.

1                   10.     The surgery was scheduled and performed on December 8, 2011.  
2     Respondent performed total bilateral medial and lateral meniscectomies, even though the consent  
3     form only allowed him to operate on the bilateral medial meniscus. Respondent's documentation  
4     failed to justify the procedures and the consent form was inadequate. Postoperatively, the patient  
5     developed significant pain in the knee and was seen back at the surgery center for a dressing  
6     change and the following day because of persistent pain. There is documentation of multiple  
7     efforts to reach Respondent that were unsuccessful. The patient eventually contacted Respondent  
8     and he told her to go to the Bakersfield Hospital emergency room (ER).

9                   11.     The records at the Bakersfield Hospital emergency room show that on  
10    December 10, 2011, the ER physician noted a significant vascular problem in the right leg. The  
11    ER physician spoke to Respondent. Patient V.E. was then seen by a vascular surgeon who  
12    explored her popliteal area and discovered that she had a transection of the tibioperoneal trunk  
13    off the popliteal artery which also had an aneurysm. Respondent never followed up once he  
14    knew there was a complication to assist in the management with his knowledge of the initial  
15    surgery.

16                  12.     Respondent was grossly negligent by the following acts or omissions,  
17    separately and together :

18                         (1) Respondent performed total meniscectomies on patient V.E. for what  
19    appeared to be isolated meniscal tears.

20                         (2) Once he learned of the surgical complication, Respondent failed to see  
21    patient V.E. or discuss the case with a vascular surgeon. He failed to assist in the treatment of  
22    complication in any helpful way.

23    Patient J.F.

24                   13.     On or about June 7, 2010, patient J.F., who was 67 years-of-age, presented  
25    to Respondent for a consultation regarding his knees. Respondent noted that the patient had  
26    bilateral knee pain for years, right worse than left. The examination of both knees was described  
27    but did not include any reference to a mass. The diagnosis was "severe degenerative joint disease  
28    in the medial compartment of the left knee. Probable tear of the medial meniscus of the right

1 knee." An MRI of the right knee was performed on June 22, 2010, showing a "complex tear in  
2 the posterior horn of the medial meniscus." There were also degenerative changes noted in the  
3 patellofemoral joint, grade III lateral patellar facet and grade II medial and lateral compartments  
4 with an intra-articular loose body.

5 14. On or about November 10, 2010, patient J.F. presented to Respondent who  
6 noted that the patient was in for a recheck but both knees remained painful. The physical  
7 examination was as follows: "There is tenderness in the anterior knees and medial and lateral  
8 joint lines. He walks with an antalgic gait. He has difficulty climbing a step. There is a 3-inch  
9 mass around the head of the left fibula." His diagnoses were "1. Status post arthroscopy with  
10 early to moderate degenerative joint disease in the right knee. 2. Severe degenerative joint  
11 disease in the left knee with huge mass laterally." He ordered an MRI of the left knee to evaluate  
12 the mass and recommended a left total knee replacement. There was no further discussion as to  
13 the diagnosis of a mass pending the MRI scan. The tumor had been present behind patient's leg  
14 for about five years. It was the patient's understanding that it was a "fatty tumor" and that "it  
15 wouldn't be a problem removing it."

16 15. On or about November 29, 2010, preoperatively, the MRI identified a soft  
17 tissue mass behind the head of the fibula and the report clearly diagnosed this mass as most likely  
18 a neurofibroma, and not a lipoma. The study did show the degenerative changes of the joint as  
19 expected. The important passage regarding the mass is as follows: "There is a soft tissue mass  
20 behind the head of the fibula measuring 4.9 x 2.3 cm in size. This could represent a  
21 neurofibroma<sup>2</sup> or less likely, a complicated popliteal cyst. In this patient, additional image with  
22 intravenous contrast media may be helpful for a better evaluation." The impression included the  
23 following: "3. There is a mass behind the head of the fibula. This could represent a neurofibroma  
24 or less likely, a complicated popliteal cyst. Recommended additional images with intravenous  
25 contrast medium for better evaluation."

26 16. On or about December 22, 2010, Respondent noted that the patient had

27  
28 <sup>2</sup> A tumor formed on a nerve cell sheath.

1 neurologic complaints in the peroneal nerve distribution: "Complains of numbness dorsum foot  
2 and lateral two toes. Mass has been getting larger the last five years. Exam 5 cm mass, soft,  
3 overlying head of fibula. Positive Tinel's, normal ankle dorsiflexion, but able to heel walk."  
4 These clinical findings suggested that the mass was either in the nerve or directly affecting the  
5 nerve, as indicated by the MRI scan, but Respondent's differential diagnosis did not include a  
6 primary nerve lesion nor was it referenced in the treatment plan or the informed consent.

7 17. The December 22, 2010, informed consent is a standard typed report with  
8 the only custom portions being that the diagnosis other than degenerative joint disease was "mass  
9 lateral posterior knee with peroneal nerve entrapment" and the procedure included "excision  
10 mass, left lateral knee."

11 18. On December 28, 2010, Respondent took the patient to surgery and  
12 performed a left total knee replacement and excision of mass. The pathology identified the mass  
13 to be consistent with a schwannoma.<sup>3</sup> No malignancy was identified. The tumor appeared to be  
14 completely excised and there were no nerve elements in the specimen. The operative report on  
15 December 28, 2010, documented a standard total knee replacement procedure. The portion  
16 addressing the mass excision stated: "The mass was dissected free and no branches of the  
17 peroneal nerve were encountered, as they were retracted posteriorly. The mass was hard. It was  
18 sitting on the muscle belly of the anterolateral compartment. It was removable with no obvious  
19 area of infiltration, and it was completely encapsulated." The patient recalled Respondent after  
20 the surgery "...coming in and telling me that the knee replacement went well and he removed the  
21 tumor, and it was much larger than he expected; but he did not sever the nerve."

22 19. The following day, the patient had a foot drop which was a known  
23 complication of the procedure. Respondent did appropriately recommend treatment with a drop  
24 foot brace. This note suggests that he is still of the opinion that the peroneal nerve was intact, and  
25 the foot drop was merely a postoperative neuropraxia. The patient underwent nerve conduction  
26 studies and x-rays of the peroneal nerve.

27  
28 <sup>3</sup> A schwannoma is a benign nerve sheath tumor, a neuroma, composed of Schwann cells.

1                   20.    By July 20, 2012, the patient's symptoms were unchanged. The mass was  
2   determined to be a schwannoma involving the peroneal nerve. The schwannoma had been  
3   removed by Respondent, and subsequently when the patient was undergoing neurosurgical  
4   exploration, the peroneal nerve was found to have been severed.

5                   21.    On or about January 10, 2011, the first follow-up note after the surgical  
6   procedure is made. This is one week, six days postop and the patient had very little pain. The  
7   examination showed the incision was benign and there was "no active ankle dorsiflexion." The  
8   impression was "status post left total knee replacement." Respondent advised physical therapy  
9   and to continue with a drop foot brace.

10                  22.    On or about January 24, 2011, the diagnosis remained "status post left total  
11   knee replacement." There was still no diagnosis of any type of a neurologic problem, but  
12   Respondent did recommend an electromyography (EMG) of the peroneal nerve. The patient  
13   underwent two electrodiagnostic tests, both of which suggested that the peroneal nerve was not  
14   functioning but the surgeon did not seem to consider a disruption of the nerve requiring  
15   exploration.

16                  23.    On or about February 8, 2011, electrodiagnostics by another physician  
17   showed no peroneal nerve function. This was one of two consecutive studies that showed that  
18   there was no peroneal function, either motor or sensory.

19                  24.    On or about March 7, 2011, it was noted the patient still had decreased  
20   sensation in the first web space, no muscle dorsiflexion, and again, no diagnosis was made other  
21   than knee replacement and the recommendation was for repeat nerve conduction testing in four  
22   weeks.

23                  25.    On or about March 22, 2011, a second electrodiagnostic study showed no  
24   sensory or motor function, with no change.

25                  26.    On or about April 4, 2011, Respondent requested physiatry and  
26   neurosurgery consults.

27                  27.    On or about June 8, 2011, the neurosurgical consultation noted a complete  
28   foot drop with no improvement for over six months. His plan was "peroneal nerve explored,

1 decompressed, mobilized to identify what exactly is going on." While Respondent's operative  
2 report indicated that the he had identified and retracted the peroneal nerve away from the mass,  
3 the neurosurgeon found there was a surgical severance of the nerve during the original procedure  
4 and the lesion was part of the nerve. He surgically repaired the nerve.

5 28. Respondent was grossly negligent by the following acts or omissions,  
6 separately and together :

7 (1) Respondent failed to acknowledge the presence of the nerve tumor that  
8 was in the preoperative MRI scan of patient J.F.

9 (2) Respondent severed patient J.F.'s peroneal nerve during surgery and he  
10 failed to recognize it either during the surgery or postoperatively.

11 **SECOND CAUSE FOR DISCIPLINE**

12 (Repeated Negligent Acts)

13 29. Respondent is subject to disciplinary action under Code section 2234,  
14 subdivision (c), in that he was repeatedly negligent. The facts and circumstances alleged in the  
15 First Cause for Discipline are incorporated here as if fully set forth.

16 30. Respondent was negligent by the following acts or omissions, separately and  
17 together:

18 (1) Regarding patient V.E., Respondent performed total meniscectomies  
19 for what appears to be isolated meniscal tears.

20 (2) Once he learned of the complication, Respondent failed to see patient  
21 V.E. or discuss the case with a vascular surgeon. He failed to assist in the treatment of the  
22 patient's complication in any helpful way.

23 (3) Regarding patient V.E., the documentation at all levels, from the preop  
24 assessment of an isolated medial meniscal tear and the failure to discuss the symmetrical knee  
25 findings, to the incomplete consent and the operative report that was unintelligible, constitutes a  
26 deviation from the standard of care.

27 (4) Regarding patient J.F., Respondent failed to acknowledge the presence  
28 of the nerve tumor that was in the preoperative MRI scan.

1 (5) Regarding patient J.F., Respondent severed the peroneal nerve during  
2 surgery and he failed to recognize it either during the surgery or postoperatively.

3 (6) Regarding patient J.F., Respondent failed to properly obtain informed  
4 consent from the patient because he failed to address the likely neurofibroma finding on the MRI.

5 **THIRD CAUSE FOR DISCIPLINE**

6 (Failure to Maintain Adequate and Accurate Records)

7 31. Respondent is subject to disciplinary action under Code section 2266 in  
8 that he failed to maintain adequate and accurate records relating to the provision of medical  
9 services to patients V.E. and J.F. The facts and circumstances alleged above in the First and  
10 Second Causes for Discipline are incorporated here as if fully set forth.

11 **FOURTH CAUSE FOR DISCIPLINE**

12 (Unprofessional Conduct)

13 32. Respondent is subject to disciplinary action under section 2234 of the  
14 Code in that he engaged in unprofessional conduct. The circumstances are as follows:

15 (1) The facts and circumstances alleged above in the First, Second, and Third  
16 Causes for Discipline are incorporated here as if fully set forth.

17 **PRAYER**

18 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
19 and that following the hearing, the Medical Board of California issue a decision:

20 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 24567,  
21 issued to Sami Chafic Srour, M.D.;

22 2. Revoking, suspending or denying approval of Sami Chafic Srour, M.D.'s authority to  
23 supervise physicians assistants, pursuant to section 3527 of the Code;

24 3. Ordering Sami Chafic Srour, M.D. to pay the Medical Board of California, if placed  
25 on probation, the costs of probation monitoring; and

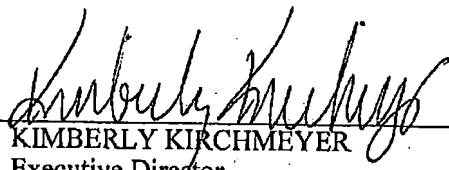
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4. Taking such other and further action as deemed necessary and proper.

DATED: October 1, 2015



KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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